

St. Gregory the Great Religious Education  
Term: 2022-2023

Paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Date \_\_\_\_\_

**Registration For:** \_\_\_\_\_ YEAR 1 \_\_\_\_\_ YEAR 2  
\_\_\_\_ First Communion Grades 1 to 8  
\_\_\_\_ First Communion High School/Combination Confirmation Yr 1  
\_\_\_\_ Confirmation High School Grades 9 to 12

**STUDENT INFORMATION:** (print name as it appears on Birth Certificate)  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State of Birth \_\_\_\_\_  
Gender: \_\_\_M \_\_\_F Grade Entering in Fall \_\_\_\_\_  
*Special Needs (Allergies, Medical/ Learning Disabilities)*  
\_\_\_\_\_

**Student's Primary Address:**  
Street \_\_\_\_\_  
City/Zip \_\_\_\_\_

**Family Email Address:**  
\_\_\_\_\_  
*All contact will be to this email*

**Student Lives With:** \_\_\_ Father and Mother \_\_\_ Only Mother Full-time \_\_\_ Only Father Full-time  
\_\_\_ Travels between Father's and Mother's homes

**Father's Information:**  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Cell # \_\_\_\_\_

**Mother's Information:**  
Last Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Cell # \_\_\_\_\_

**Stepfather/Stepmother/Guardian's Information (if applicable)**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cell # \_\_\_\_\_

**Marital Status:** \_\_\_ Married Civilly \_\_\_ Married in Catholic Church \_\_\_ Not Married \_\_\_ Divorced \_\_\_ Divorced and Re-Married

**IN CASE OF EMERGENCY**

Student's Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

I hereby give permission and consent to have my child released, in my absence, to any of the adults listed below, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, St. Gregory the Great Church, their respective agents and employees and any parent/volunteer, from any and all liability if released to these individuals: *Please Note: In the case of release due to Fire or Earthquake, individuals will be asked to provide identification before a child is released to their care.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / 202\_\_

**PERSON 1:**  
Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**PERSON 2:**  
Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**PERSON 3:**  
Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**--- FOR OFFICE USE ONLY---**

Name of Person Student Released to \_\_\_\_\_

Identification Verified \_\_\_\_\_

Name of Person Releasing Student \_\_\_\_\_

Initials of Person Releasing Student \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

SIGNATURE OF PERSON STUDENT RELEASED TO

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): St. Gregory The Great Parish

Place and Date of Event/Trip: Religious Education School Year 2022 -2023

Activity: Field Trip [ ] Retreat [ ] Other (specify) Formation Purpose: Catechesis

Description of Activity: Religious Instruction See Attached: \_\_\_\_\_

Mode of Transportation: NA Total Field Trip Cost \$ NA

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male [ ] Female [ ] Grade \_\_\_\_\_

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions \_\_\_\_\_

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

To be filled in by Location

To be filled in by parent/guardian



## MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: St. Gregory the Great Catholic Church Parish

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

**I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.**

Last Name of Minor	First Name	Sex	Birth Date
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Name of Medication: \_\_\_\_\_

**A. Physician's Instructions.** (Complete where applicable)

Purpose of Medication or Diagnosis \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_

Date/Time Schedule \_\_\_\_\_

Dose Form (tablet/liquid) \_\_\_\_\_

Please notify this office if patient misses medication  Yes  No

Medication may have adverse effects (explain) \_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

Print Name of Licensed Physician \_\_\_\_\_

Signature of Licensed Physician \_\_\_\_\_

Date \_\_\_\_\_

Physician Address and Phone Number \_\_\_\_\_

**B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**St. Gregory the Great Church  
Religious Education**

**Empowering God's Children and Young People  
Safety Program  
Permission Slip**

We at St. Gregory the Great are committed to the safety and well-being of your child and in helping to empower them to protect themselves from child sexual abuse.

For this purpose, the Archdiocese of Los Angeles has created "Empowering God's Children and Young People"® Safety Program. The program is designed to help children and young people to know they have the power to protect themselves from harmful or threatening situations and to always aim to keep themselves safe and healthy. The Archdiocese provides this program in an ongoing effort to help create and maintain a safe environment for the children and youth to be protected from all forms of abuse. The focus of the program is to empower children and youth with the knowledge and understanding needed to keep themselves safe.

The lesson will take place the first day of class.

**This Years topic is: Empowering God's Children**

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I give my consent for my child to participate in the Archdiocese of Los Angeles "Empowering God's Children and Young People"® Safety Program.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian's Name (Printed): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_